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APPLICANTS Lisa M. Donnelly, Wayland, MA; Nathan S. Cauldwell, Mansfield, MA;					
** CONTINUING DATA ***** None <i>SB</i>					
** FOREIGN APPLICATIONS ***** None <i>SB</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/15/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allwance Verified and Acknowledged <i>James P. Dunn</i> Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
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TITLE Flexible tibial sheath					
FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		